HAZARDOUS WASTE MANAGEMENT BRANCH 714-744 P Street Sacramento CA 95814 P.O. #6011

UNIFORM HAZARDOUS WASTE MANIFEST

), CA 95814 F . O . 11 O D . 12			STATE ID NU	MBER	83	41	080	9
rease prin	or type with ELITE type (12 characters per inch) GENERATOR NAME AND MAILING ADDRESS				NIFEST DO	and the community below to the destination of the			
	Para Plate	ì			VONBE	irx.			
ļ	3242 E. Olympic Blvd.	EP			ID NUME	DEH .	l		
	Los Angeles, Ca.				20006100				
	AREA CODE/PHONE NUMBER 213/268-4281	CAXV			po ₃₆₄₈₃				
	TRANSPORTER NO 1		VEH	CONTAINER NO		TPA .	NUN C	IBER	
	Omega Chemical Corp.								NI CONTRACTOR OF THE CONTRACTO
	12504 E. Whittier Blvd.								
	Whittier, Ca. 90602				, C	CAD0422459			
			VEH/CONTAINER NO						
	TRANSPORTER NO 2/ALTERNATE TSD FACILITY	VEILIGORIANCEI							
									1
									ĺ
			1	11111					
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY					EPA ID NUMBER			
	OMega Chemical Corp.				*				
Œ									
ATO					CAD043245001				
GENERATOR	AREA CODE/PHONE NUMBER 213/698-0991					CAD042245001			+
	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS		A	TOTAL	UNIT WT/VOL	CONTAI	NER	WASTE CAT NO	DISP
B√	FRUTER U.S DOLL SHITTING WANTE AND HAZARD SEASO	NUMBI	E N	COANTIT	WINVOL.	IVO.	, , , , ,		-
Z C	Hazardous Waste, Liquid N.O.S -ORM-E	NA 91	8 9ı	1 160	G	1 02	DМ	241	Q1
FILLED IN	Hazardous waste, Liquid N.O.S -ORM-E FLEXOSOLVENT	1111	<u> </u>						
111	FUEVOCOLABILI	111	1 1	1111			_1_		
BE						RANGE		UNI	TS
- 10	COMPONENTS				UPPER	LOWE	R	%	PPM
								1	
Ì	Perchloroethylene								
	Photo Polymer Resin								
	N. Posteri Algobol								
	N-Butyl Alcohol								
	SPECIAL HANDLING INSTRUCTIONS								
35.	This is to certify that the above-named wastes are properly classified described proper condition for transportation according to the applicable requirements of the	Department	arked a of Trans	and labeled, and a portation and the	EPA	10	DAY] Г	YR
			,				3		
	MAX SIEVANOS MIN	100	Our	MINA	a		017	1	314
	Printed or typed full name and signature	Tel		NO VOO		1!	1.1-11	1L'	
	Check if continuation sheet is used Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES	11/	7			лО	DAY		YR
Z EB	TSAC WOODS JY	1200	0	K R	EC'D	,]].	
ED	Printed or typed full name and signature			14 ACC	EPTED !	4	017		214
TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		ı		,,,,,	MO .	DAY		YR/
BE TRA	11001				EC'D				
TO 10	Printed of typed full name and signature			ACC	CEPTED	11	\Box		
	DISCREPANCY INDICATION SPACE								
ED	11/1/1								
FILL		this manifect	excent	as noted in the		DATE RECE	IVED 8	ACCEPT	ED
TO BE FILLED	Facility owner or operator Certification of receipt of hazardous waste covered by discrepancy indication space above. Note: TSPF must complete waste number.	ered by this manifest except as noted in the DATE RECEIVED & ACCEPTED ber. EPA ID NUMBER MO. DAY YR							
01 N	See instructions.	^			11 07 00				
	STEILE SIMPSON SUULENNY	CADO	4224	5001	1 1	. 1	0	(7
50.00	Printed or typed full name and signature TSDF SENDS THIS COPY TO SENDS THE SENDS	TO DOHS	WIT	HIN 15 DAY	/S			83-	87967
N FORM NO	DHS 8022A 11/82			and the second	art man en dio electrores	and the constitution	and note	A September 1	